

pale, firm, natural in appearance on section; point of attachment of placenta seen at fundus. Ovaries and bladder healthy. Head not examined.

Upon examining the supra-renal capsules under the microscope with a good $\frac{1}{4}$, and also with a Ross's $\frac{1}{2}$, I could find no trace of the normal cell structure, the left consisting of dark amorphous matter mixed with abundant oil-globules; the right almost entirely of fatty matter.

Dr. Parkes's case proves distinctly that there may be very great bronzing of the skin without any disease of the capsules; the present case proves that there may be complete destruction of the capsules, and yet the skin remain of marble whiteness; it must, therefore, be conceded that the remarkable coincidence of darkened skin and diseased capsules, discovered by Dr. Addison, though very frequent, is not necessary.

19. *Intense Neuralgic Pain in the Head; Sudden Death; Cysts in the Cerebellum.*—Dr. JAMES TURNBULL, Phys. to the Liverpool Infirmary, relates (*Liverpool Medico-Chirurgical Journ.*, Jan., 1859) two instructive examples of this.

CASE I.—Sam. Carpenter, a sailor, aged 32, was admitted into the Royal Infirmary on the 12th of April, 1857, having been ill with pain, in the head and neck, of most intense character for six weeks. He had the greatest difficulty in turning or moving the head, and the pain was chiefly in the right side. The sight of the right eye was somewhat impaired, but there was no difference in the size of the pupils. He had weakness, but no loss of power or feeling in the limbs. The tongue was very much furred when he came in, but it became nearly clean at one time, being variable in its condition. He had occasional vomiting, and the bowels were obstinately confined. Various remedies were tried—aperients, quinine, and opium, without any benefit. It was thought there might be some deep seated disease of the vertebræ or bones at the base of the skull, and issues were made with potassa fusa, and iodide of potassium given. These means all failed in affording any relief, and he was then brought gently under the influence of small doses of blue pill. When his mouth became affected, he appeared to experience great relief, but in a day or two after, he died suddenly whilst eating his dinner. He was admitted on the 12th of April, and died on the 14th of May, having been ill therefore about ten weeks.

Post-mortem.—There was no disease found in the vertebræ of the neck, or in the bones at the base of the skull, but a cyst, the size of a pigeon's egg, was discovered in the right hemisphere of the cerebellum, embedded in it, and almost entirely covered by the cerebral substance. The walls were very thick and rather vascular, and it contained a thick, yellowish, clear fluid, with also a clot of blood, which occupied about a third of the cyst.

CASE II.—Mrs. M., a lady about 34 years of age, sent for me on the 8th of May, to see her in consultation with Mr. Kay. The previous summer she had suffered from a severe and acute affection of the brain, for which she had been bled in the arm. She was pregnant at the time, but soon recovered from the attack. Five months previous to my seeing her, she began to suffer severe pain in the head, for which almost every kind of treatment was tried—counter-irritation and depletion, as well as tonics, but all without the slightest permanent benefit. I found that she had very severe pain in the right side of the head, behind the ear. Occasionally, and especially when she moved her head, most acute paroxysms came on, causing her to scream out. At other times she was almost free from pain, but was always rather unwilling to move her head, lest it should bring it on. There was great irritability of the stomach, and she frequently vomited dark bilious matter. The bowels were rather costive. The tongue was a good deal furred, especially at the back. There was no heat of skin, or febrile disturbance, and the pulse was generally 90 or under. She had deafness of the right ear, but the sight was unimpaired, and there was no loss of sensation or muscular power.

She was brought gently under the influence of small doses of blue pill, and for a week after she was comparatively free from pain, so that hopes were entertained of her recovery.

The pain and vomiting then returned as badly as before, and belladonna and

Indian hemp were tried with some advantage. Morphia, however, was found to afford the most relief.

There was no particular change till the 20th of July, when she had a very severe paroxysm of pain, and died rather suddenly.

Post-mortem.—On examination of the brain, a cyst was found in the right hemisphere of the cerebellum, about the size of a small hen's egg, and contained a clear yellowish serous fluid. The cyst was lined with a very fine membrane, like serous membrane. The brain was otherwise healthy, and there was no disease of bone.

Remarks.—There can be little doubt, that in the first of these cases the cyst was the result of apoplectic effusion. Though not brought out by the history of the case, this seems sufficiently evident from the fact of there being a portion of clot in the cyst. In the second case there had been a previous acute attack in the brain, the real nature of which, though not exactly known, was probably of a similar description. These cases show us some very important practical facts, and I have not met with any recorded cases exactly like them. They prove that cysts in the cerebellum are, at least, by no means innocuous, but that they may produce the most intense description of paroxysmal pain, and that they are probably a more common cause of sudden death than is generally known.

20. *Cases of Ulceration and Perforation of the Vermiform Appendix.* By Dr. A. MERTENS, of Berlin.—Before referring to the cases, Dr. Mertens makes some remarks upon the vermiform appendix; he notices its constant presence, not only in man but in apes, in the animals which walk erect, and its peculiar structure indicating that it must have an especial function. The elder Monro supposed that the vermiform appendix served to keep the neighbouring intestine moist. In modern times it is merely looked upon as a rudiment of what we see in perfection in the lower animals. Neither of these views is well founded. Dr. Mertens throws out a suggestion that the vermiform appendix may possibly be analogous to the pancreas, playing the same part, or a like part, with reference to the cæcum, as the pancreas does to the duodenal digestion. From his own investigations, he is led to believe that the cæcal end of the appendix is surrounded by muscular fibres, which may be looked upon as a sphincter muscle. The functions of the cæcum are not well understood; some authors have supposed that a secondary digestion takes place in it, and have consequently denominated it the second stomach, but this is all hypothesis. It would be well if some one with time and opportunity at his disposal would institute a series of experiments, and investigate the structure, the comparative anatomy, and physiological significance of the vermiform appendix. That it has great pathological importance is proved by the cases in which ulceration has caused death, and that it is not a mere portion of intestine we may assume from the fact that dangerous consequences arise from the presence of feces or foreign bodies. It is remarkable, that young persons are generally the subjects of ulceration and perforation of the vermiform appendix, a fact which reminds us of the observation of an English author, namely, that the vermiform appendix appears to have no other function than that of arresting cherry-stones swallowed by thieving children.

Dr. Mertens relates two cases which occurred under his own observation. The first was a child of four years of age, which had been previously healthy; in the afternoon, after a hearty meal, the child was attacked by severe pain in the abdomen, which was considered to be cold by the mother, and treated accordingly. The pains, however, became more intense, with scarcely a pause, and nausea and inclination to vomit also now being added. Towards morning of the following day, the child was first seen by the reporter, who found it with cold extremities, a small, quick, thread-like pulse, and a distended abdomen, sensitive on pressure; the tongue was not loaded, there had been no evacuation from the bowels for twenty-four hours. There could be no doubt of the existence of intestinal inflammation. Calomel in large doses was directed, and soothing enemata administered. These remedies proved unavailing, the nausea and sickness persisting. Ice swallowed in small pieces afforded some relief. On the following day, the state of things was such as to indicate approaching death; the hands and feet were covered with cold sweat, the pulse thready, the abdomen hot and